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Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara

(Signature of Person Mailing Paper or Fee)

Application Number : 10/630,991
Applicant : John T. Stonick, et al.
Filed : 29 July 2003
TC/A.U. : 2611
Examiner : Benghuzzi, Mohsin M.

Confirmation Number: 7681

Docket Number : 209.009-US (SNPS-0254)
Customer No. : 36,503

M/S: Box Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir

In response to the office action of **15 November 2006**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.

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DFW

Jeannie Camara

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PATENT APPLICATION
Attorney Docket No. SNPS-0254

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE PATENT APPLICATION OF)
John T. Stonick et al.) Examiner: Benghuzzi, Mohsin M.
Serial No. 10/630,991) Group Art Unit: 2611
Filing Date: 29 July 2003)
Title: RECEIVER BASED DECISION FEEDBACK)
EQUALIZATION CIRCUITRY AND)
TECHNIQUES)

AMENDMENT TRANSMITTAL LETTER

Mail Stop: Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed 15 November 2006.
- ☐ A petition for extension of time is also enclosed with a fee of \$120.00 for a one-month extension.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$130.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$50 =	
Independent Claims		MINUS = 3	0	x \$200 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. ____ (Docket No. ____).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SNPS-0254).

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Respectfully submitted,

By



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Date: 20 December 2006